

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30156

1. PLACE OF DEATH

County Stoddard
Township Duck Creek
City (No. _____) _____ St. _____ Ward _____

Registration District No. 840
Primary Registration District No. 6102

File No. _____
Registered No. 25

2. FULL NAME

minnie may Rollman

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jake F. Rollman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1882, Oct 29</u>		
7. AGE YEARS <u>55 yr</u>	MONTHS <u>8</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House keeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>1</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>White County, Missouri</u>		
13. NAME <u>Shield</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Mary Shield</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Charles Rollman, Puxico, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Grove</u> DATE <u>July 10, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Ray Bartlett, Ash Grove, Mo</u>		
20. FILED <u>7/10</u> 19 <u>38</u> <u>Frances W. Naeese</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9, 27, 1937 to 7, 8, 1938

I last saw her alive on July 8, 1938. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy (Date of onset July 6)
high blood pressure 220

Other contributory causes of importance:
high blood pressure 220

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Dr. John W. Fisher, M. D.
Puxico, Missouri

